



Dart Aerospace Ltd.  
1270 Aberdeen St  
Hawkesbury, ON  
K6A 1K7  
Canada

Tel (613) 632-5200

RBE703A94-1130-01-13

Job Sheet 173928



Part No: RBE703A94-1130-01-13

Job Qty: 12 ea

Part Name: Compression Spring Ø1.25mm x 11.25mm OD x 44.5mm



Part Weight: 0 lbs

Status: Scheduled

Priority: Medium

Job Created: 3/8/18

Job Tracking No:

Due Date: 3/21/18

Created By: Marie Lajeunesse

Type: Stock

Description:

Note: DWG RBE703A94-1130-01 Rev K IPP Rev.A 17.08.09 New issue DP Verify DD/IPP Rev B 17.11. 30 DWG  
RBE703A94-1130-01 Rev K DP Verify DD

Ship Via:

### Bill of Materials

### Job Routing

| Op No | Operation          | Qty    | Start Date | Due Date | Standard  |         | Workcenter/Supplier   |           | Sign-off       |
|-------|--------------------|--------|------------|----------|-----------|---------|-----------------------|-----------|----------------|
|       |                    |        |            |          | Setup hrs | Run Hrs | Workcenter / Supplier | Lead Time |                |
| 90    | Start up Operation | 12 Ea  | 3/30/18    |          | 0.00      | 0.00    | Start Up Small Fab-2  |           | MCC            |
| 110   | Small Fab          | 12 pcs | 3/31/18    |          | 0.00      | 2.40    | Small Fab-3           |           | MCC            |
| 120   | QC                 | 12 pcs | 3/31/18    |          | 0.00      | 0.00    | QC5                   |           | EB             |
| 130   | Packaging          | 12 pcs | 3/31/18    |          | 0.00      | 0.00    | Packaging3-1          |           | MAY 03 2018 GA |
| 140   | QC21-SA            | 12 Ea  | 3/31/18    |          | 0.00      | 0.00    | QC21                  |           | MAY 18 2018    |

Part Op Descriptions: 110 - Cut to length as per DWG.

DAS  
21  
9-89

MAY 04 2018

### Job BOM

| Part / Item | Component Name                                   | Quantity     | Operation             | Container |
|-------------|--------------------------------------------------|--------------|-----------------------|-----------|
| 94125K815   | Compression Spring Ø1.25mm x 11.25mm OD x 44.5mm | 12 Ea (1 ea) | 90-Start up Operation | 5042376   |

### Job Allocations

| Operation             | Component Part | Required | Inventory | Allocated |
|-----------------------|----------------|----------|-----------|-----------|
| 90-Start up Operation | 94125K815      | 12       | 15        | 0         |

### Part Specifications

Specifications could not be found.

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

## WORK ORDER NON-CONFORMANCE / UPDATE



QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/> | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <span>Water Jet <input type="checkbox"/></span> <span>Engineering <input type="checkbox"/></span> </div> <div style="display: flex; justify-content: space-between;"> <span>Therm <input type="checkbox"/></span> <span>Quality <input type="checkbox"/></span> </div> <div style="display: flex; justify-content: space-between;"> <span><input type="checkbox"/></span> <span>Other <input type="checkbox"/></span> </div> |                          |  |  |  |             |                          |                    |                          |        |                          |          |                          |          |                          |              |                          |               |                          |          |                          |              |                          |          |                          |          |                          |                 |                          |                    |                          |                  |                          |                  |                          |         |                          |     |                          |                     |                          |            |                          |                     |                          |                  |                          |                       |                          |               |                          |          |                          |
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| Date : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Step #: _____                                                                                                                                                                      | (QSI042) Approval                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                          |  |  |  |             |                          |                    |                          |        |                          |          |                          |          |                          |              |                          |               |                          |          |                          |              |                          |          |                          |          |                          |                 |                          |                    |                          |                  |                          |                  |                          |         |                          |     |                          |                     |                          |            |                          |                     |                          |                  |                          |                       |                          |               |                          |          |                          |
| <b>Description Work Order Deviation</b><br><br><div style="height: 200px; border: 1px solid black;"></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                    | Completed By _____<br><br>I hand / Supervisor<br>approval Verification _____<br><br>C / QA Coordinator<br>Approval _____                                                                                                                                                                                                                                                                                                                                                                                                           |                          |  |  |  |             |                          |                    |                          |        |                          |          |                          |          |                          |              |                          |               |                          |          |                          |              |                          |          |                          |          |                          |                 |                          |                    |                          |                  |                          |                  |                          |         |                          |     |                          |                     |                          |            |                          |                     |                          |                  |                          |                       |                          |               |                          |          |                          |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="4">Root Cause</th> </tr> </thead> <tbody> <tr> <td style="width: 15%;">Environment</td> <td style="width: 15%;"><input type="checkbox"/></td> <td style="width: 15%;">No Re-verification</td> <td style="width: 15%;"><input type="checkbox"/></td> </tr> <tr> <td>Design</td> <td><input type="checkbox"/></td> <td>Operator</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Doc/Data</td> <td><input type="checkbox"/></td> <td>Offset/Setup</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Equip/Tooling</td> <td><input type="checkbox"/></td> <td>Supplier</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Handling/Pre</td> <td><input type="checkbox"/></td> <td>Training</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Material</td> <td><input type="checkbox"/></td> <td>Use for Testing</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Internal Transport</td> <td><input type="checkbox"/></td> <td>Poor Information</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Tribal Knowledge</td> <td><input type="checkbox"/></td> <td>Rushing</td> <td><input type="checkbox"/></td> </tr> <tr> <td>LOA</td> <td><input type="checkbox"/></td> <td>Product Improvement</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Substation</td> <td><input type="checkbox"/></td> <td>Process Improvement</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Past Expiry Date</td> <td><input type="checkbox"/></td> <td>Manufacturing Process</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Misidentified</td> <td><input type="checkbox"/></td> <td>Past Due</td> <td><input type="checkbox"/></td> </tr> </tbody> </table> |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Root Cause               |  |  |  | Environment | <input type="checkbox"/> | No Re-verification | <input type="checkbox"/> | Design | <input type="checkbox"/> | Operator | <input type="checkbox"/> | Doc/Data | <input type="checkbox"/> | Offset/Setup | <input type="checkbox"/> | Equip/Tooling | <input type="checkbox"/> | Supplier | <input type="checkbox"/> | Handling/Pre | <input type="checkbox"/> | Training | <input type="checkbox"/> | Material | <input type="checkbox"/> | Use for Testing | <input type="checkbox"/> | Internal Transport | <input type="checkbox"/> | Poor Information | <input type="checkbox"/> | Tribal Knowledge | <input type="checkbox"/> | Rushing | <input type="checkbox"/> | LOA | <input type="checkbox"/> | Product Improvement | <input type="checkbox"/> | Substation | <input type="checkbox"/> | Process Improvement | <input type="checkbox"/> | Past Expiry Date | <input type="checkbox"/> | Manufacturing Process | <input type="checkbox"/> | Misidentified | <input type="checkbox"/> | Past Due | <input type="checkbox"/> |
| Root Cause                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                          |  |  |  |             |                          |                    |                          |        |                          |          |                          |          |                          |              |                          |               |                          |          |                          |              |                          |          |                          |          |                          |                 |                          |                    |                          |                  |                          |                  |                          |         |                          |     |                          |                     |                          |            |                          |                     |                          |                  |                          |                       |                          |               |                          |          |                          |
| Environment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/>                                                                                                                                                           | No Re-verification                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/> |  |  |  |             |                          |                    |                          |        |                          |          |                          |          |                          |              |                          |               |                          |          |                          |              |                          |          |                          |          |                          |                 |                          |                    |                          |                  |                          |                  |                          |         |                          |     |                          |                     |                          |            |                          |                     |                          |                  |                          |                       |                          |               |                          |          |                          |
| Design                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/>                                                                                                                                                           | Operator                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> |  |  |  |             |                          |                    |                          |        |                          |          |                          |          |                          |              |                          |               |                          |          |                          |              |                          |          |                          |          |                          |                 |                          |                    |                          |                  |                          |                  |                          |         |                          |     |                          |                     |                          |            |                          |                     |                          |                  |                          |                       |                          |               |                          |          |                          |
| Doc/Data                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/>                                                                                                                                                           | Offset/Setup                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> |  |  |  |             |                          |                    |                          |        |                          |          |                          |          |                          |              |                          |               |                          |          |                          |              |                          |          |                          |          |                          |                 |                          |                    |                          |                  |                          |                  |                          |         |                          |     |                          |                     |                          |            |                          |                     |                          |                  |                          |                       |                          |               |                          |          |                          |
| Equip/Tooling                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/>                                                                                                                                                           | Supplier                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> |  |  |  |             |                          |                    |                          |        |                          |          |                          |          |                          |              |                          |               |                          |          |                          |              |                          |          |                          |          |                          |                 |                          |                    |                          |                  |                          |                  |                          |         |                          |     |                          |                     |                          |            |                          |                     |                          |                  |                          |                       |                          |               |                          |          |                          |
| Handling/Pre                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/>                                                                                                                                                           | Training                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> |  |  |  |             |                          |                    |                          |        |                          |          |                          |          |                          |              |                          |               |                          |          |                          |              |                          |          |                          |          |                          |                 |                          |                    |                          |                  |                          |                  |                          |         |                          |     |                          |                     |                          |            |                          |                     |                          |                  |                          |                       |                          |               |                          |          |                          |
| Material                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/>                                                                                                                                                           | Use for Testing                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> |  |  |  |             |                          |                    |                          |        |                          |          |                          |          |                          |              |                          |               |                          |          |                          |              |                          |          |                          |          |                          |                 |                          |                    |                          |                  |                          |                  |                          |         |                          |     |                          |                     |                          |            |                          |                     |                          |                  |                          |                       |                          |               |                          |          |                          |
| Internal Transport                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/>                                                                                                                                                           | Poor Information                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/> |  |  |  |             |                          |                    |                          |        |                          |          |                          |          |                          |              |                          |               |                          |          |                          |              |                          |          |                          |          |                          |                 |                          |                    |                          |                  |                          |                  |                          |         |                          |     |                          |                     |                          |            |                          |                     |                          |                  |                          |                       |                          |               |                          |          |                          |
| Tribal Knowledge                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/>                                                                                                                                                           | Rushing                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/> |  |  |  |             |                          |                    |                          |        |                          |          |                          |          |                          |              |                          |               |                          |          |                          |              |                          |          |                          |          |                          |                 |                          |                    |                          |                  |                          |                  |                          |         |                          |     |                          |                     |                          |            |                          |                     |                          |                  |                          |                       |                          |               |                          |          |                          |
| LOA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/>                                                                                                                                                           | Product Improvement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> |  |  |  |             |                          |                    |                          |        |                          |          |                          |          |                          |              |                          |               |                          |          |                          |              |                          |          |                          |          |                          |                 |                          |                    |                          |                  |                          |                  |                          |         |                          |     |                          |                     |                          |            |                          |                     |                          |                  |                          |                       |                          |               |                          |          |                          |
| Substation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <input type="checkbox"/>                                                                                                                                                           | Process Improvement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> |  |  |  |             |                          |                    |                          |        |                          |          |                          |          |                          |              |                          |               |                          |          |                          |              |                          |          |                          |          |                          |                 |                          |                    |                          |                  |                          |                  |                          |         |                          |     |                          |                     |                          |            |                          |                     |                          |                  |                          |                       |                          |               |                          |          |                          |
| Past Expiry Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/>                                                                                                                                                           | Manufacturing Process                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/> |  |  |  |             |                          |                    |                          |        |                          |          |                          |          |                          |              |                          |               |                          |          |                          |              |                          |          |                          |          |                          |                 |                          |                    |                          |                  |                          |                  |                          |         |                          |     |                          |                     |                          |            |                          |                     |                          |                  |                          |                       |                          |               |                          |          |                          |
| Misidentified                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/>                                                                                                                                                           | Past Due                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> |  |  |  |             |                          |                    |                          |        |                          |          |                          |          |                          |              |                          |               |                          |          |                          |              |                          |          |                          |          |                          |                 |                          |                    |                          |                  |                          |                  |                          |         |                          |     |                          |                     |                          |            |                          |                     |                          |                  |                          |                       |                          |               |                          |          |                          |



Positioned Wrong  
Outside Dimensions  
Over/Under tolerance  
Part Incorrect  
Part Lost/Missing  
Part Moved  
Drawing  
Finish  
Misread  
Turning Sequence